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ABSTRACT

The Teenage Health Teaching Modules (THTM) program is a health education curriculum for adolescents. Each THTM module frames an adolescent health task emphasizing development of self-assessment, communication, decision making, health advocacy, and self-management. This module deals with the epidemiology or nationwide patterns of injuries, and the etiology or causes of injuries. It acquaints young people with some of the concepts from evolving fields of injury control and describes both active and passive prevention measures they can take in their own lives. Students are also introduced to the rudiments of emergency treatment. Class activities are outlined to instruct students in: (1) examining and analyzing injuries data and learning that injuries are both predictable and preventable; (2) analyzing five investigative reports and determining what environmental factors and what lapses in knowledge, attitudes, and behaviors played a role in the fatality or serious injury; (3) reading and discussing news stories, considering questions based on them regarding passive interventions, and practicing them by role playing situations; and (4) learning about the desirability of knowing how to react in an emergency situation. (JD)

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DEPARTMENT OF HEALTH & HUMAN SERVICES

PRELIMINARY DRAFT
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Public Health Service
Centers for Disease Control

Memorandum

Date October 1983

From Director, School Health and Special Projects
Division of Health Education
Center for Health Promotion and Education

Subject Teenage Health Teaching Module
PREVENTING INJURIES

To Colleagues in School Health and Health Promotion

The attached module, Preventing Injuries, is one of sixteen modules in the Teenage Health Teaching Modules (THTM) program. The overall goal of this health curriculum for adolescents is to provide secondary school students with knowledge, skills, and understandings that will enable them to act on behalf of themselves and others in health-enhancing ways. Each THTM module frames an adolescent health task and is designed to help students contribute to their own present and future health and well-being and that of the families, schools, and communities to which they belong.

The THTM program was produced under contract (CDC 200-79-0922) between the School and Society Programs of the Education Development Center, Inc., and the Center for Health Promotion and Education of the Centers for Disease Control.

Inquiries related to this module should be directed to this office. Write or call:

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SP 026478

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This is one module in the Teenage Health Teaching Modules (THTM) program, a health education curriculum for adolescents developed by Education Development Center, Inc. (EDC) and funded by the Center for Health Promotion and Education, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services.

The overall goal of the THTM program is to provide secondary school students with knowledge, skills, and understandings that will enable them to act on behalf of themselves and others in health-enhancing ways. Each THTM module frames an adolescent health task and is designed to help students contribute to their own present and future health and well-being, and that of the families, schools, and communities to which they belong.

Official health and education agencies may also contact the School Health and Special Projects Office, Division of Health Education, Center for Health Promotion and Education, Centers for Disease Control, Atlanta, GA 30333, (404) 329-2829 or FTS 236-2829.

TEENAGE HEALTH TEACHING MODULES

Health Is Basic: An Introduction to the THTM Program for Teachers and Students

Understanding Growth and Development

Being Fit

Eating Well

Communicating in Families

Promoting Health in Families

Having Friends

Living with Feelings

Handling Stress

Protecting Oneself and Others: Smoking, Drinking, and Drugs

Preventing Injuries

Improving Health and Safety in the Workplace

Locating Health Resources

Using New Health Research

Acting to Create a Healthy Environment

Planning a Healthy Future

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Of the 16 modules, the following eight modules received some field testing - CHOOSING A HEALTHY WORKPLACE, PLANNING A HEALTHY FUTURE, HEALTH IS BASIC: AN INTRODUCTION TO THE THTM PROGRAM FOR TEACHERS AND STUDENTS, PREVENTING INJURIES, LOCATING HEALTH RESOURCES, PROTECTING ONESELF AND OTHERS - SMOKING, DRINKING AND DRUGS, ACTING TO CREATE A HEALTHY ENVIRONMENT, AND PROMOTING HEALTH IN FAMILIES.

The contractor was not required to revise the modules based on this limited field test; but we feel that it is necessary to share the reactions received with you. Listed below are the comments on PREVENTING INJURIES as reported to us by the contractor in their report entitled, Eight Teenage Health Teaching Modules: A Preliminary Review, July 1983.

Review Sources: Interviews with teachers and other health professionals.

1. Health educator, Department of Public Health, Statewide Childhood Injury Prevention Program (Massachusetts).

2. Senior high school health teacher/coordinator (Massachusetts).

3. Junior and senior high school health coordinator (Colorado).

Overall Comments

Reviewers of PREVENTING INJURIES responded very positively to it. They stressed the importance of the concepts presented (e.g., that injuries can be prevented, that individuals must take responsibility for the health and safety of themselves and others), and stated that the activities and teaching strategies used in the module wre well-suited to junior and senior high school students. Other module strengths highlighted by reviewers included: the consumer awareness emphasis, the focus on student involvement, the potential effectiveness of the graphs and investigative reports, the thoroughness of the data sheets and the general clarity and coherent layout of the activities.

Issues/Ideas and Suggested Revisions

One reviewer shared a "professional bias" that first aid should not be a substantial focus of school health classes. Instead, physical education and health teachers can provide students with a limited amount of background, including a list of local resources which offers first aid information and/or training, e.g., the Red Cross. Spending less time on first aid would be one way to reflect this reviewer's bias. Nevertheless, this ame reviewer acknowledged that many health educators like to spend time working with students on first aid and will be delighted by the content of the entire PREVENTING INJURIES module. A public health professional emphasized the importance of using the module with young adolescents, believing that early intervention is critical in the establishment of behaviors and attitutdes related to injury prevention. None of the reviewers offered specific suggestions for revisions. When asked if changes were needed before the module could be marketed, the health teacher concluded, "No, non changes are needed. I really honestly can't wait to use this module just as it is."

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Introduction

"Who would not give a trifle to prevent what
he would give a thousand worlds to cure?"
--Owen D. Young

This module is designed to help teenagers with one of the major health tasks of adolescence: learning how to prevent injuries and how to respond effectively to emergencies or life-threatening situations in their own lives or in the lives of others. Knowing how to prevent a disaster, how to respond in an emergency situation, and how to take a public advocacy position in preventing injuries can help adolescents feel good about themselves. Competence instills self-confidence and a willingness to face demanding situations.

Injuries are the major cause of death among adolescents. No disease or illness kills more teenagers than injuries do. In 1980, injuries and deaths due to injuries cost Americans $83 billion, and untold pain, agony, and grief. But injuries, for the most part, need not happen. Injuries statistics and analysis indicate that most fatal injuries are not "acts of fate." The overwhelming majority of them happen repeatedly, in predictable ways, and they can be prevented. A number of specialists in a variety of professions are working to collect detailed information on injuries that occur nationwide. In studying large numbers of such occurrences over significant periods of time, they have found that patterns emerge, yielding valuable information on the factors involved in specific injuries. These statistics can then be used to project recommendations for the prevention of similar injuries. Groups like the National Safety Council and other state and federal agencies are working to translate the knowledge that is gained from these analyses into public information and education programs. But schools can play a significant role in the dissemination of information about prevention, and help to foster positive attitudes about the ability to prevent injuries.

In this material we have purposely chosen not to use the word "accident" where we can avoid it, because "accident" is generally interpreted to mean "unavoidable calamity." National

statistics, however, are often grouped under the word "accident." We hope to debunk the notion that "accidents" are capricious and uncontrollable, for young people who work through this material. The module has other goals as well.

It is important that young people serve as a conduit for information about safety measures, passing on prevention techniques to their families and acquaintances, in whatever settings they find themselves. It is critical that young people become aware of the active measures they can take to protect themselves, such as using seat belts in automobiles and wearing reflective material or devices when walking or jogging at night. Young people should also be introduced to ways in which they can help to forestall injury, such as participating in groups that promote safety measures (like "Students Against Drunk Driving"), favoring consumer action for product improvement or redesign, and supporting legislation like the motorcycle helmet law. What with the increased hazards in our workplaces, a more product-oriented family life, and increased leisure time activity, it is important that young people recognize their responsibility in injury prevention, learn to be alert to everyday risks, and work to modify or eliminate products or situations that contribute to injury. Even though certain injuries can be predicted and guidelines can be developed for injury prevention, adolescents are still at high injury risk due to their common attitudinal and behavioral patterns. Full of bravado and increasing independence from the security of home and family, adolescents tend to feel invulnerable, in a magic bubble in time that somehow allows for excitement and experimentation and protects them from the unhappy outcomes of their actions. These are natural feelings for the adolescent, and education that tries to minimize these feelings is ordinarily unsuccessful. What education <u>can</u> do, however, is add to teenagers' knowledge base to help them make the right choices--informed choices. Knowing that they can decide <u>for</u> safety shows them that there is positive power in their own self-control, and makes them feel good, strong, and in charge of their own lives.

Adults cannot ensure the good judgment of teenagers, but they can make the knowledge and decision-making strategies available to them, so that teenagers can practice good judgment themselves. Understanding the causes of injuries is the first step in planning to avoid injuries. And very often, with some training, we can mitigate serious or permanent injury by prompt, knowledgeable action at the scene of an emergency.

This module, then, deals with the epidemiology or nationwide patterns of injuries, and the etiology or causes of injuries. It acquaints young people with some of the concepts from the

evolving field of injury control, and describes both active and passive prevention measures they can take in their own lives. Students are also introduced to the rudiments of emergency treatment, so that they can prevent injuries from becoming life-threatening or irreversible. With this new consciousness, they are encouraged to think through their own activities in terms of injury prevention, to participate in actions that promote injury control, and to upgrade their own emergency skills.

Goals of the Module

This module will:

- Inform students that most injuries are not due to chance, but are preventable.
- Instruct students in how they can be better prepared to prevent injuries.
- Describe some of the emotions that may prevent potential helpers from responding in emergency situations.
- Provide opportunities for students to learn specific first-aid and injury prevention skills.

Module Overview

ACTIVITY	DESCRIPTION	INSTRUCTIONAL METHODS	# OF CLASS PERIODS
<u>One</u>			
Injuries Just Happen . . . or Do They?	Examining and analyzing injuries data. Learning that experts feel injuries are both predictable and preventable.	Mini-lecture. Class discussion (based on the data sheets). Talking with family members and paragraph writing for homework.	1
<u>Two</u>			
A Closer Look at Fatalities	Analyzing five investigative reports and determining what environmental factors and what lapses in knowledge, attitudes, and behaviors played a role in the fatality or serious injury.	Reading. Small-group work. Class discussion. Designing posters.	2
<u>Three</u>			
It's Up to You	Reading and discussing news stories. Considering questions based on them regarding passive interventions in small groups. Discussing active interventions. Practicing them by role playing situations.	Small-group discussion. Role playing.	2

ACTIVITY	DESCRIPTION	INSTRUCTIONAL METHODS	# OF CLASS PERIODS
Four			
If Something Bad Happens, What Do You Do?	Learning through mini-lecture about the desirability of knowing how to react in an emergency situation. Discussing basic Red Cross first-aid procedures, which students are encouraged to share with their families. Inviting a Red Cross trainer to address the class. Selecting first-aid activities to demonstrate to the class.	Mini-lecture. Class discussion. Guest lecture (optional). Student demonstration.	2

Activity One

Injuries Just Happen... Or Do They?

Objectives

Cognitive: Students will:

- Learn what the leading killers of teenagers are.
- Realize that most injuries can be prevented.

Affective: Students will:

- Become more thoughtful about the causes and effects of injuries.
- Feel empowered to prevent injuries.

Skills: Students will:

- Practice reading graphs and analyzing data.
- Analyze accounts of injuries.
- Learn to hypothesize alternative outcomes.
- Propose preventive measures.

Activity at a Glance

Students learn which injuries are most prevalent in various age groups, and work with different presentations of statistics of fatalities. They learn that most accidents are preventable, and begin to hypothesize about patterns of accidents within different age groups.

Preparation

1. Make copies of the three data sheets (one per student) for full class study and discussion. (Alternately, secure an opaque projector for viewing the data sheets in class.)

Procedure

1. Notes for Mini-Lecture

EPIDEMIOLOGY AND ETIOLOGY

In news reporting and in daily conversation, we often hear talk of "accidents." In the telling, many imply that an accident was an "act of fate," something unpreventable and capricious, an instance of "bad luck." At the same time, many of us are fascinated by the gory details of a tragedy--witness TV coverage of auto accidents, or the people who slow down on a highway to get a closer, longer look at an accident. Once repelled by the details, the same people might say, "Don't tell me any more about it. I don't want to think about it."

We do a great injustice to the field of prevention, however, when we classify many fatal injuries as "an unpredictable accident" and perpetuate the notion of destiny being fulfilled, for most injuries are preventable. We are learning more every day through increasingly sophisticated collecting and reporting of statistics about injuries, fatal and non-fatal. The computer, for example, and new techniques for interpreting data are helping us to develop more effective preventive measures. The study of patterns of health and disease in groups of people is called "epidemiology"; the analysis of the causes with a concern for treatment or prevention measures is referred to as "etiology."

As you become a more sophisticated reader of the growing body of knowledge about issues of injury prevention in the workplace, in the general environment, and in the home, you will find it useful to think about the factors involved in common injuries and how they relate to you and your families. You will also be able to start applying what you have learned, by developing preventive measures of your own.

2. Learning About the Epidemiology of Injuries

It is important for students to recognize that injuries are a leading cause of death for their age group. They should also know of the potential for certain injuries to the younger and older members of their families, so that they can institute measures to prevent them. This activity will help to familiarize students with the data, and will give them practice with reading statistical charts and graphs in newspapers, magazines, and journals.

As a class, study Data Sheet 1, which contains a series of four graphs on major causes of death for the following age groups: 1 to 14 years, 15 to 24 years, 25 to 64 years, and 65 years and over. The data are taken from the 1979 report of the Surgeon General of the United States, which is based on data collected and analyzed for 1976.*

Look at Data Sheet 2, which is from the 1981 edition of the NSC report and is based on 1978 data. The graphs may be an easier way for students to look at the data, and they can compare this method of presentation with the statistical presentation of similar data on the second transparency. Trends and patterns do not ordinarily change a great deal within a few years time, so you need not feel that only the most current statistics are useful in this lesson.

3. Questions for Discussion

Discuss with students the following questions:

- Leaving out fatal injuries, how many of you have a family member (from your immediate and larger extended families) who was injured during the past year or so? (Write the kinds of injuries sustained on the board. Determine whether there is any repetition of certain kinds of injuries.)

*Data collection and analysis of this sort are time-consuming activities. Tables are not often available for up-to-the-minute compilations. However, the National Safety Council publishes an annual report soon after the end of each calendar year, which displays statistics in many different ways. The report, Accident Facts, is available to the public: write the National Safety Council, 444 N. Michigan Avenue, Chicago, IL 60611. (Single copies cost $10.35; write for prices of multiple copies.)

- Based on Data Sheet 2, what are the specific causes of injuries to those 1 to 14 years olds? To those 15 to 24 years old?
- Why do you think there is a difference in the incidence of motor vehicle accidents between these two age groups?
- How might the drowning incidents differ between these same two age groups (1 to 14 years and 15 to 24 years)?
- Why might fires and burns, a major killer of people 1 to 14 years old, not be one of the top four injury patterns among those 15 to 24 years old?
- Why might injuries due to firearms (exclusive of homicide) be greater for those 15 to 24 years than for those 1 to 14 years?
- Why might "falls" be the leading cause of accidents in the group 65 years and over, and not a leading cause at all for those 1 to 14 years old and 15 to 24 years old?

4. Brainstorming and Class Discussion

(This activity requires that students hypothesize about the factors contributing to fatal injury statistics.)

Since motor vehicle accidents are the major cause of fatal injuries for both age groups (1 to 14 and 15 to 24), and since students are probably in the second group, ask them to brainstorm some of the factors that might play a part in motor vehicle injuries. Write all suggestions on the board. Factors might include the following:

- Drivers (age, gender)
- Pedestrians (age, gender, direction in relation to motor vehicle)
- Passengers (where seated)
- Weather conditions
- Time of day or night
- Traffic conditions
- Speed of vehicles
- Condition of vehicles (headlights, brakes, etc.)

- Type of road (one lane, expressway, etc.)
- Condition of road (type of surface, degree of disrepair, etc.)
- Experience of drivers
- Kind of collision (head-on, angle, front-end, rear, etc.)
- Condition of drivers (intoxicated, sober, on medication that might cause drowsiness)
- Fixed objects present (tree, guard rail, utility pole, bridge rails, median strips, soft shoulders, curbing, building, railroad tracks, fence or wall, sign, embankment, mailbox, etc.)
- Seat belts (used or not used)

Tell students that, as statistics are analyzed, patterns begin to emerge. For example, as medical personnel can testify, burn treatment specialists from large urban hospitals need only to be told the age of the victim and area of the body burned to surmise the type of injury and how it occurred. Analyzing such patterns can help us learn how to prevent needless harm from injuries.

Now, take a look at Data Sheet 3. Refer your students' attention to Chart A at the top of the page, labeled Accidents by Type of Road Character, Cities, 1980. A class discussion can revolve around these questions:

- On what type of road do most fatal injuries occur? Non-fatal injuries?
- What type of road is associated with the second greatest number of fatal injuries? Non-fatal injuries?
- Why might two-lane highways be the site of more injuries than four-lane highways?

Referring to Charts A and B on Data Sheet 3, ask the class to consider the following questions:

- What might be the most dangerous combination of circumstances that a driver might face--those conditions that call for utmost caution to avoid fatal injury?

- Using the data on the charts together, under which four circumstances should drivers exercise the greatest caution? (Answers should include the following, in any order):

  - Driving at night

  - Driving in rural areas

  - Driving on two-lane roads

  - Driving on a one-way road or divided street

5. Homework

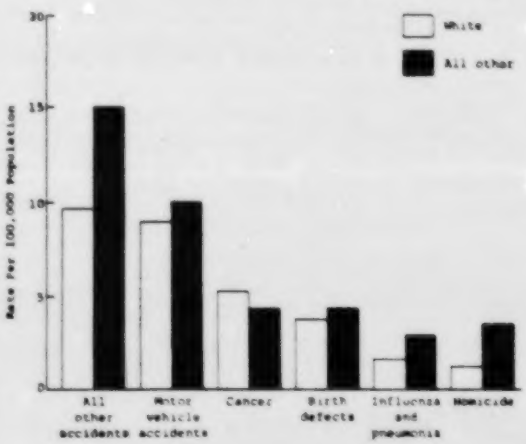
As we think about injuries and fatalities, it becomes clear that a good many people resist the idea that injuries are preventable. Why is it easier to think that everything is a matter of fate rather than perceiving that injuries are preventable? Watch the evening news with members of your family. When an accident is reported, ask the person with whom you are viewing the program whether he or she felt the "accident" was inevitable or preventable. As you explore the details of the account with him/her/them, try to point out how the tragedy might have been prevented. Write a short paragraph about the interaction, including the outcome. (Were you able to change anyone's mind about the inevitability of the accident?)

If you don't watch television with your family, read the account of an accident from the newspaper to one or more members of your family. Discuss the "preventability" of the event. Then write a paragraph about it.

DATA SHEET 1: MAJOR CAUSES OF DEATH IN THE UNITED STATES*

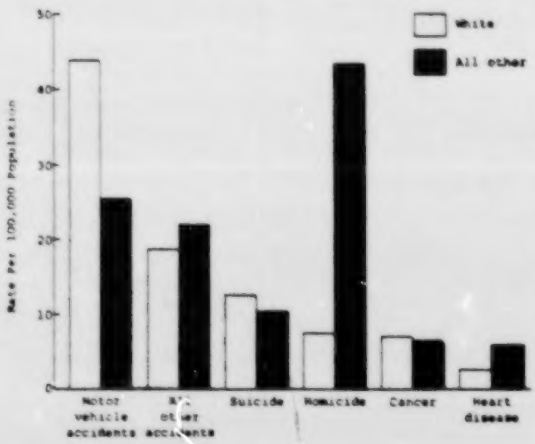
Graph A

Major Causes of Death in the U.S. for Ages 1-14 Years:



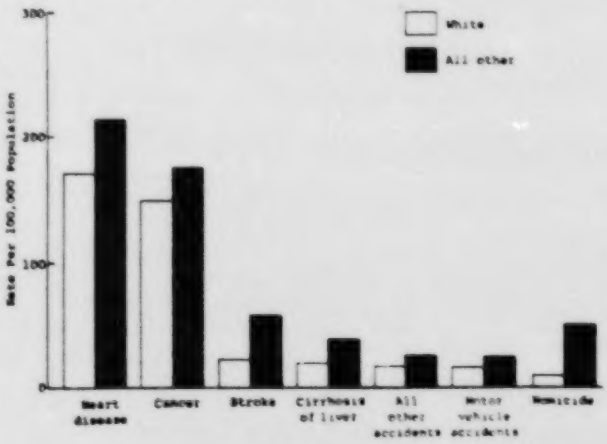
Graph B

Major Causes of Death in the U.S. for Ages 15-24 Years:



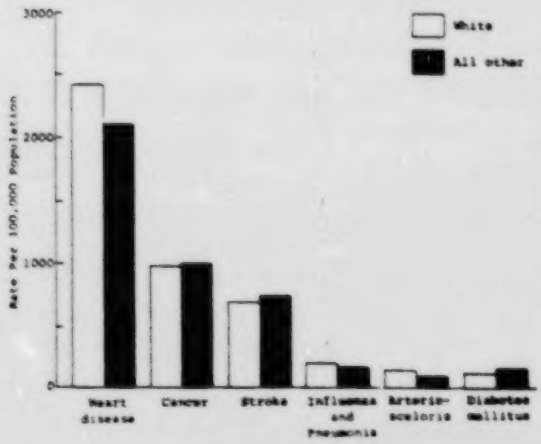
Graph C

Major Causes of Death in the U.S. for Ages 25-64 Years:



Graph D

Major Causes of Death in the U.S. for Ages 65 Years and Over:



*Source: Based on data from the National Center for Health Statistics, Division of Vital Statistics. Reprinted from: Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention (Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1979). DHEW (PHS) Publication No. 79-55071.

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DATA SHEET 2: INJURIES VERSUS OTHER LEADING CAUSES OF DEATH*

CAUSE	Number of Deaths			Death Rates*		
	Total	Male	Female	Total	Male	Female
ALL CAUSES, ALL AGES	1,927,788	1,055,290	872,498	883.4	994.4	778.3
Heart Disease	729,510	398,267	331,243	334.3	375.3	295.5
Cancer	396,992	215,997	180,995	181.9	203.5	161.4
Stroke (cerebrovascular disease)	175,629	73,648	101,981	80.5	69.4	91.0
Accidents	105,561	73,881	31,680	48.4	69.6	28.3
Motor-vehicle	52,411	38,139	14,272	24.0	35.9	12.7
Falls	13,690	7,181	6,509	6.3	6.8	5.8
Drowning	7,026	5,875	1,151	3.2	5.5	1.0
Fires, burns	6,163	3,786	2,377	2.8	3.6	2.1
Ingestion of food, object	3,063	1,765	1,298	1.4	1.7	1.2
Pneumonia	54,267	29,130	25,137	24.9	27.5	22.4
Diabetes mellitus	33,841	13,910	19,931	15.5	13.1	17.8
Cirrhosis of liver	30,066	19,693	10,373	13.8	18.6	9.3
Arteriosclerosis	28,940	11,541	17,399	13.3	10.9	15.5
Suicide	27,294	20,188	7,106	12.5	19.0	6.3
Homicide	20,432	15,838	4,594	9.4	14.9	4.1
Emphysema	15,627	11,755	3,872	7.2	11.1	3.5
ALL CAUSES, 1 TO 14 YEARS	20,459	12,360	8,099	42.9	50.8	34.7
Accidents	9,622	6,284	3,338	20.2	25.8	14.3
Motor-vehicle	4,417	2,761	1,656	9.3	11.3	7.1
Drowning	1,640†	1,240†	400†	3.4	5.1	1.7
Fires, burns	1,328	735	593	2.8	3.0	2.5
Firearms	348	282	66	0.7	1.2	0.3
Cancer	2,099	1,209	890	4.4	5.0	3.8
Congenital anomalies	1,677	901	776	3.5	3.7	3.3
Homicide	767	423	344	1.6	1.7	1.5
Heart disease	636	318	318	1.3	1.3	1.4
Pneumonia	621	324	297	1.3	1.3	1.3
Stroke (cerebrovascular disease)	299	182	117	0.6	0.7	0.5
ALL CAUSES, 15 TO 24 YEARS	48,500	36,017	12,483	117.5	173.5	60.9
Accidents	26,622	20,879	5,743	64.5	100.5	28.0
Motor-Vehicle	19,164	14,637	4,527	46.4	70.5	22.1
Drowning	2,180†	1,970†	210†	5.3	9.5	1.0
Firearms	581	516	65	1.4	2.5	0.3
Poison (solid, liquid)	577	405	172	1.4	2.0	0.8
Homicide	5,443	4,227	1,216	13.2	20.4	5.9
Suicide	5,115	4,143	972	12.4	20.0	4.7
Cancer	2,588	1,590	998	6.3	7.7	4.9
Heart Disease	1,098	672	426	2.7	3.2	2.1
ALL CAUSES, 75 YEARS AND OVER	822,388	363,653	456,735	9,012.5	11,043.2	7,865.8
Heart Disease	377,322	160,940	216,382	4,135.0	4,887.3	3,710.3
Cancer	121,569	62,891	58,678	1,332.3	1,909.8	1,006.1
Stroke (cerebrovascular disease)	113,336	41,092	72,244	1,242.0	1,247.9	1,238.8
Pneumonia	33,777	16,187	17,590	370.2	491.6	301.6
Arteriosclerosis	24,046	8,715	15,331	263.5	264.7	262.9
Accidents	15,185	7,140	8,045	166.4	216.8	137.9
Falls	7,830	3,020	4,810	85.8	91.7	82.5
Motor-vehicle	2,727	1,683	1,044	29.9	51.1	17.9
Surgical complications	963	461	502	10.6	14.0	8.6
Fires, burns	918	477	441	10.1	14.5	7.6
Diabetes mellitus	14,748	4,955	9,793	161.6	150.5	167.9
Emphysema	5,949	4,604	1,345	65.2	139.8	23.1

Source: National Center for Health Statistics

† Partly estimated
* Deaths per 100,000 population

*Reprinted from Accident Facts (Washington, D.C.: National Safety Council, 1981).

DATA SHEET 3: FACTORS CONTRIBUTING TO MOTOR VEHICLE DEATHS*

CHART A

Accidents by Type of Road Character, Cities, 1980*

Road Character	All Accidents		Nonfatal Injury Accidents	
	Number	%	Number	%
TOTAL	202,814	100.0	53,527	100.0
One lane road or alley	11,460	5.7	3,034	5.7
Two lane	136,950	67.5	34,037	63.5
Three lane	2,551	1.3	783	1.5
Four lane	19,143	9.4	5,610	10.5
Divided road or one-way street	23,516	11.6	7,596	14.2
Expressway or toll road	8,868	4.4	2,426	4.5
Unpaved any width	326	0.1	41	0.1

*Source: Based on reports from 30 city traffic authorities. Reprinted from: Accident Facts, 1981.

CHART B

Deaths and Death Rates by Day and Night*

Motor vehicle deaths and the mileage death rates are sharply higher at night, as noted in the chart below. In both urban and rural places, the mileage death rates at night are nearly four times the day rates.

		Percent of Deaths	Death Rates•
TOTAL	All	100	3.48
	Day	41	1.98
	Night	59	7.35
URBAN	All	100	2.29
	Day	41	1.31
	Night	59	4.83
RURAL	All	100	5.00
	Day	41	2.83
	Night	59	10.59

• Deaths per 100,000,000 vehicle miles.

*Source: State traffic authorities and the Federal Highway Administration. Reprinted from: Accident Facts, 1981.

Activity Two

A Closer Look at Fatalities

Objectives

Cognitive: Students will:

- Learn that most injuries can be prevented and that they themselves can help to prevent injuries, using knowledge and skills.
- Learn preventive measures for common injuries.

Affective: Students will:

- Describe some of the emotions that may prevent potential helpers from responding in emergency situations.
- Feel that they must be assertive on behalf of helping others.
- Feel more comfortable about using verbal interventions in real-life situations.

Skills: Students will:

- Practice intervention and prevention behavior.

Activity at a Glance

Students will be made aware of the kind of interventions that are possible in a variety of situations. They will analyze five investigative reports and determine what environmental factors and what lapses in knowledge, attitudes, and behaviors played a role in each fatality or serious injury. They will discuss active and passive prevention methods, and design and execute posters with injury prevention messages.

Preparation

1. Duplicate a copy of the Injuries Fact Sheet for each student.

2. Duplicate the Analysis of Factors Leading to Non-fatal or Fatal Injuries for each small group. You will need 5.

3. Duplicate the five Investigative Reports. You will need one copy of each.

Procedure

1. Thinking About Injury Prevention

Tell students that, in thinking about how fatal and non-fatal injuries can be prevented, it is important to be able to analyze the factors contributing to a distressed situation. These include factors in the life of the victim or the principal actor, which he or she was not paying attention to; factors in the lives of others connected to the event in some way (even though these others may not have been present at the time of the injury); and factors in the environment that could have been controlled if the responsible parties had only been more aware.

Distribute one copy of the Injuries Fact Sheet to each student. Ask them to read it through quickly for facts they may not be aware of. The sheet will prepare them for a closer look at some fatalities that could have been prevented.

Divide the class into five small groups. Give each group one copy of the sheet titled Analysis of Factors Leading to Non-fatal or Fatal Injuries. Also, give each group a copy of one of the five Investigative Reports (which a member of the group can read aloud to the others), and ask them to discuss the events in terms of the analysis sheets. Each group should complete a sheet for its particular situation.

After each group has completed its sheet, introduce the subject of active and passive measures that can be taken to reduce the likelihood of mishaps. Active measures are those things that people can do for themselves, to help prevent injuries. Passive measures are steps a person can take to effect some change in a product or in the environment, or to promote legislation that could help to prevent a particular common injury.

Ask each group to appoint one person to give a quick thumbnail sketch of the type of injury in their Investigative Report to the class as a whole. Then have each group identify active measures that could have been taken to prevent the injury. Are there passive measures that could help to minimize the recurrence of that kind of situation? Continue with this analysis until each of the five cases has been dealt with.

2. Poster Activity

Ask each group to select one fact from the Injuries Fact Sheet and plan an effective poster for disseminating that information. They can use type, illustrations, and/or graphics. Each group can continue to work together on its poster during free periods at school or at one another's homes.

When all posters have been completed, decide as a class where they can best be displayed in your school or community.

INJURIES FACT SHEET*

- Raising the legal drinking age from 18 to 21 in late 1978 in the state of Michigan resulted in a 31 percent reduction in the number of 18- to 21-year-old drivers involved in alcohol-related accidents in 1979 (the first full year after the change).

- Research indicates that marijuana, other controlled substances, and therapeutic drugs at commonly used dosage levels have the potential to affect adversely the skills and other measures associated with driving performance. Drug use may, therefore, increase the likelihood of motor-vehicle accidents.

- Current safety information on lap-type safety belts indicates that if all passenger car occupants used safety belts at all times, such use would save 12,000 lives annually.

- Of the 7,000 drownings in 1980, twice as many were the result of falls from docks, bridges, shores, boats, ship repair structures, etc., than from swimming or playing in the water.

- Of the joggers killed in motor-vehicle related accidents during the month of August in 1978 and 1979, 53 percent of the total were running alongside the roadway "with traffic," 24 percent were running "against traffic," and 12 percent were running across the road.

- In 1980, the greatest number of fire and burn-related accidents in homes happened to those 0 to 4 years old and those who were 75 years and older.

- Of firearms deaths in 1978 not associated with homicide, more than one-half occurred at home.

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*All facts are based on information given in Accident Facts (Washington, D.C.: National Safety Council, 1981).

ANALYSIS OF FACTORS LEADING TO NON-FATAL OR FATAL INJURIES

TYPE OF ACCIDENT	KNOWLEDGE THAT THE "PRINCIPAL ACTOR" IN THE SITUATION DID NOT KNOW, OR KNEW AND IGNORED	ATTITUDE OF THE "PRINCIPAL ACTOR" AT THE TIME OF THE INJURY, OR JUST PRECEDING IT	BEHAVIOR ON THE PART OF THE "PRINCIPAL ACTOR" THAT ADDED TO THE NEGATIVE DYNAMICS	ENVIRONMENTAL FACTORS THAT SHOULD HAVE BEEN TAKEN INTO CONSIDERATION OR CONTROLLED

Additional comments or observations: _____

INVESTIGATIVE REPORT

Case No. 1

Victim's Name: Robert Anthony Rinaldo

Age: 14

Location of Accident: 59th Street Wharf

Description of Accident:

The accident was reported by telephone to Precinct 89 by Tony Cuchinella, 14, who was with the victim at the time of the accident. Upon investigation it was learned that Robert Rinaldo had been fishing with three friends off the 59th Street Wharf, despite the No Fishing signs that are posted there. The wharf is the private property of the MacGregor Dragging Company, but has not been used for years. Tony stated that Robert started to fool around after they hadn't caught anything, chasing him and Norman Buscetti, 14. While running on the wharf, Robert tripped over a fourth youth, Jerome Walker, 14, who was also fishing, and fell off the wharf. Robert apparently hit his head on a submerged rock, because he did not resurface. Since the water was dark and cloudy the boys could not see anything, but they were afraid to dive in and swim around to look for him. They agreed they weren't good enough swimmers for that, and they all knew that the bay was polluted. While Norman and Jerome watched to see if Robert would reappear, Tony ran to phone for help. Robert's body was recovered at 3 PM the next day along the bay shore.

INVESTIGATIVE REPORT

Case No. 2

Victim's Name: Mary Ellen Hartel

Age: 4

Location of Accident: Cochituate Road and West Plain Avenue

Description of Accident:

Police were called by a woman who had passed by the scene of a car accident at the corner of Cochituate Road and West Plain Street. Arriving on the scene, they found both cars disabled. The driver of one car, Valerie LaRue, 17, and her two companions, Nancy Berg, 16, and Donna Ostenowski, 16, were walking around in a confused manner near their car. The driver of the other vehicle, Lauren Hartel, 28, was hysterical, with lacerations on her face and arms. She refused to let go of her four-year-old daughter, Mary Ellen, who was dead. The little girl had been standing on the front seat next to her mother when the accident occurred. The impact had thrown her head-first against the windshield. The three young women were taken to the police station and breathalizor tests were administered. All were found to be under the influence of alcohol. Valerie said they had finished their Achievement Tests and had borrowed her mother's car to go to the mall. Since they wanted to celebrate, they had stopped at Roadside Liquors to purchase a bottle of vodka, using Valerie's sister's I.D. They had then gone down to the creekside to drink. While driving home, Valerie said, she slowed down for the stop sign on Cochituate Road, but just didn't see Mrs. Hartel's car coming into the intersection. Valerie, Nancy, and Donna demanded to see a lawyer before they made any statements or signed anything in the police station.

INVESTIGATIVE REPORT

Case No. 3

Victim's Names: Timothy Jessor and Jane Thompson

Ages: 17 and 15, respectively

Location of Accident: Borderline Road, Athol Township

Description of Accident:

A car belonging to Timothy Jessor, 17, was found at 7:15 PM on December 10 on Borderline Road. Its front end was smashed against a tree on the left side of the road just around a curve. Timothy's body was pinned behind the wheel of the car. Jane Thompson's body was found 15 feet into the bushes on the righthand side of the road. The accident was reported to the Lockport police by phone by Fred Sturgis, who had been driving in the opposite direction toward Lockport at 6:45 PM. Sturgis said that the hood of the car was still warm when he arrived. When he found the male body in the car, he decided to phone for help before any more time passed, though the victim appeared to be dead when he got to him. Tim's parents said they had had an argument with Tim about using the car just before he left. They wanted him to stay home and do his homework, but he told them he had promised to take Jane to play practice at the high school in Mechanicsburg. The Jessors stated that they argued with their son, saying that it was a school night and that the roads were still icy in spots from last week's storm and the cold snap. They had also told him that he shouldn't be dating during the week. Tim had argued that this wasn't a date, and that Jane had no other way to get to rehearsal without him. Jane's mother said Tim had appeared to be very upset when he picked Jane up.

INVESTIGATIVE REPORT

Case No. 4

Victim's Name: Daniella Morgan

Age: 12

Location of Accident: 4560 Granevelt Boulevard

Description of Accident:

Police were notified by John Morgan, 14, that he had just accidentally shot his sister, Daniella, at home. Upon investigating they found that both parents, Ellen and Harold Morgan, were at work. The two children had been watching television after school, when John got bored. He told police that he went to get his father's handgun from the night table in his parents' bedroom. He said that his father always told him the gun wasn't loaded, that he kept it there just to scare a burglar if one came into the house. John thought it would be fun to pretend he could shoot the pigeons in the backyard with it. When Daniella saw her brother with the gun, she screamed that she was scared, and that he should put it back. John laughed and said he was just fooling around. "You're a scaredy-cat," he said to her, "This thing isn't even loaded." He pointed it at her and pulled the trigger, and it went off. Daniella died on the way to the hospital in the rescue ambulance.

INVESTIGATIVE REPORT

Case No. 5*

Victim's Name: Dan Prindall

Age: 18

Location of Accident: Gas station, indoors

Description of Accident:

Dan was working as a gas station attendant when he spilled gasoline on his pants. Without taking it too seriously, he wiped his pant leg with a rag; his trousers seemed to absorb the rest of the spill, and within a short time his pants felt dry. Thirty minutes later, he was sitting with his legs crossed watching TV. He lit up a cigarette and held it in his hand, which was resting on his leg. He got a little excited about the game and slapped his leg with the hand that was holding the cigarette. His pants burst into flames. He says that the cigarette did not actually touch his pants, and that no spark or ash fell onto his pants. Dan was afraid to drop and roll to smother the flames because there was an oily film all over the gas station floor. He had no extinguisher, and the best he could do was splash water from the men's room onto his leg.

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*This investigative report is taken from A Question of Burning, Project Burn Prevention (Newton, Mass.: Education Development Center, n.d.).

Activity Three

It's Up to You

Objectives

Cognitive: Students will:

- Learn that there are a variety of interventions that can prevent injury.

Affective: Students will:

- Learn that they must take personal responsibility to prevent injury in their lives and the lives of others.
- Learn that sometimes they must overcome this natural inclination not to interfere in others' lives in order to prevent injuries.

Skills: Students will:

- Practice intervention and prevention behaviors.

Activity at a Glance

Students will be made aware of several different kinds of interventions that can assist in preventing injury or in handling emergency situations. Students will read case studies and do role plays.

Preparation

1. Duplicate the five news article case studies, making one copy of each for small-group work.

2. Write on the board the questions listed under Procedure, step 1.

3. Duplicate the six "Situations," one copy of each, for role play or written exercise.

Procedure

1. Small-Group Work

Divide the class into five groups. Give each group one of the news article case studies in preventive techniques that were used to forestall injuries--or to prevent more of them from happening. These case studies are examples of passive actions--interventions on the part of other people, or legislative actions to prevent injuries in others. The articles can be summed up as follows:

Article 1: Toll takers on an expressway alert law enforcement agents of drivers who appear to be drunk. The drivers are then stopped to prevent harm to themselves and others. Accident rates drop.

Articles 2A & 2B: Falls of children from windows, which cause many deaths, are prevented by the required installation of window guards on all rental units.

Article 3: Baby strollers and carriages are redesigned to prevent common and widespread injuries.

Article 4: A man who has taken a Red Cross First Aid course saves the life of an injured motorcyclist.

Article 5: A smoke detector, mandated by a state government, is credited with saving lives.

One student in each group might read the story aloud. Afterward, each group can discuss the following questions, which you have put on the board.

- What is the situation?

- Who analyzed the situation?
- Who took responsibility for alleviating the situation?
- Who benefited or benefits from the action?
- How would you describe the person or persons who took the initiative or sparked the action?

2. Role Play

Once the small groups have established some level of interaction through their discussions, distribute five of the following six situations (choose those most relevant to your community), and ask each group to prepare a role play for presentation to the class. You might acknowledge that many adolescents are faced with a dilemma: they can enjoy a great spirit of risk-taking and adventure when there is some act of daring to be accomplished (like "walking" on your hands on a second-floor railing, or swimming across a lake). But when faced with a situation in which they have to say or do something in front of their peers that isn't considered "cool," that spirit of bravado will often disappear, leaving them weak in the knees and unable to take an independent action. Point out that practicing these role plays can help to give students experience in "bucking the crowd" a little bit.

Each group should select its own actors and practice playing out the situation. After a few minutes of practice, each group can present its role play to the rest of the class.

Alternative: Instead of having the students role play the situations, each small group might write a script based on one of the situations. The scripts can then be performed for the class, or duplicated and shared with other class members. There is real advantage in getting students to practice hearing and saying the words that must be used in these situations.

3. Class Discussion

After each group has presented its role play or script, you can conclude the session with a discussion around these questions:

- How do you feel when you intervene in a situation?
- How do you think you would feel if you did not intervene in a potentially dangerous situation and something bad happened?
- If you were the victim, how would you feel?

- How would you feel if those around you did not support your actions? How would you handle it?
- What would make it easier to intervene?
- What persuasive techniques can you suggest to help you take an individual action that goes against a norm of group behavior?

ARTICLE 1

Toll Takers Spot Drunk Drivers

The State Police have had some help lately in tracking down drunken drivers on the 173-mile long Garden State Parkway.

If a driver seems drunk, toll collectors in recent months have been radioing descriptions of the car to troopers. Each toll-plaza has a two-way radio that operates on the State Police Band.

The intensified cooperation between the collectors and the troopers was a major factor in a 43.4 percent increase in the number of drunken-driver arrests on the parkway last year, officials said--1,268, up from 884 in 1979. Of last year's total, 555 arrests were made on the 44-mile stretch between Woodbridge and the parkway's juncture with the New York State Thruway in Montvale.

"A great many of those 555 we were alerted to by toll takers," said Capt. Richard Kelly, commander of Troop E, the State Police unit that patrols the parkway.

According to both Captain Kelley and F. Joseph Carragher, executive director of the New Jersey highway authority, which operates the Parkway, the program is aimed at improving the road's already commendable safety record. Drinking, speeding, and inattentive driving are the three biggest sources of fatalities.

A result of the toll-collector participation, Capt. Kelly said, has been a "very favorable accident picture." In 1980, he noted, there were .9 deaths for every 100 million miles traveled.

"If we don't lead the nation with that figure, then it's right up there," he said.

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ARTICLE 2A

Window Guards Promote Safety

By Michael deCourcy Hinds

Three-year-old Anthony Cecchini climbed on top of his toy truck in his family's Bronx apartment, hoisted himself onto a window ledge, lost his balance and fell four floors—into the arms of a passerby. A few hours later the same day, August 4, Ricardo Gonzales, also three and also of the Bronx, fell five stories, but there was no one to catch him and he died on the way to the hospital. Twenty-seven other small children have fallen out of upper-story windows this year; of them, 17 were severely injured and 10 died.

These accidents are what the New York City Health Department calls "preventable falls," falls that could have been prevented by a $5 window guard.

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ARTICLE 2B

Falls from Windows Decline

Incidents of children falling from apartment windows have declined more than 50 percent, the New York City Health Department reported yesterday. There have been 87 preventable falls in the first nine months of this year, compared with 101 for the same period a year earlier, the department said. Fatalities from such falls dropped from 18 to 12 during the same time. A new city law requires landlords to install guards on the windows of apartments where children under 12 years old live.

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ARTICLE 3

High Injury Rate Prompts Effort to Improve Baby-Stroller Design

WASHINGTON, Sept. 20 (UPI)—Baby strollers may be causing more accidental injuries than should be expected, and the problem could be solved by better design and construction, according to a Government study.

The study, prepared by the staff of the Consumer Product Safety Commission, also said that the industry was working on a voluntary set of safety rules to address some of the problems of carriages and strollers.

The report identified tandem-type strollers as the least stable and the type most likely to tip because of their design. Tandems carry two children, one behind the other.

Injuries connected with strollers are usually minor, although a few fatalities have occurred in the last several years.

No particular brand or type of stroller appears to be more likely than others to have problems, the study said.

14,800 Injuries in 1979

Last year, the report estimated, about 14,800 children under 3 years old were injured seriously enough to require medical treatment as a result of stroller accidents.

Most were injuries to the head and face. Nearly half the accidents happened when a child fell from a carrier. The report noted that some straps and restraints did not work and others were difficult to use.

Many of the problems appear to result from "trying to build a lightweight, convenient and inexpensive product for a market in which price is an important consideration," the report said.

"Product failures were not limited to 'bottom of the line' strollers, however," it added.

Bill McMillan, executive director of the Juvenile Products Manufacturers Association, a member of the committee that is drafting the American Society of Testing and Materials standard, said he hoped the rules would be written within a year.

Problem with Restraint Systems

"We will [illegible]te a standard that will addr[illegible]he problem areas," he said in [illegible] interview. "We feel the major problem areas are restraint systems and stability. We feel we are writing a very tough standard for stability, but many of the accidents that have been reported were because the products were misused."

The authors of the study concluded: "We believe that upgrading many stroller and carriage designs will reduce the stroller and carriage-related risk of injury to children.

"The frequency and variety of consumer complaints indicates that there is something about strollers as a class of products that results in frequent failures and/or customer dissatisfaction for safety-related reasons.

"Many of the complaints appear to indicate quality control problems; others result from material problems."

The report is still being studied by the commission. One official said the agency may take up the matter next year by reviewing the coming industry standards.

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ARTICLE 4

Man Recalls Son while Saving Cyclist

By Cal Turner, Staff Writer

Heartbreak and heroism.

Forty-nine-year-old Richard G. Steele of 4 Pocono Road, Mechanicsburg, knows them both and, like any man, he didn't ask for either. But, he said, "There's this thing called destiny, or whatever you want to call it."

Tuesday, Steele was presented Bell of Pennsylvania's Meritorious Service Award for "humanitarian service in time of emergency" for helping save the life of motorcyclist Matt Waters, 26, also of Mechanicsburg.

On the night of Sept. 21, Steele was visiting a friend on Hogestown Road in Silver Spring Twp. Hearing an explosion, they raced outside. The noise came from a blowout of a tractor-trailer tire after it collided with a motorcycle.

"I expected to see flames" recalled Steele. "It was too dark to see smoke. There were headlights of the oncoming traffic, and in them I could see a form lying in the road. An officer (from the township) managed to stop the traffic.

"I went over to the form and looked down and saw the bleeding from a big gash in the leg. I reached in and stopped the bleeding with my hand, or my fingers, I guess."

Looking down at the face of the motorcyclist, Steele perhaps felt the past move like a shadow over his thoughts.

"He had the same kind of beard that Rick did," Steele said. "A short beard. I thought of Rick. It had happened close by, maybe a mile or two away."

It was on the rainy night of July 4 last year that Steele's son, Rick, 26, had been killed while trying to walk across Carlisle Pike, near where Hogestown Road enters it.

"His motorcycle had broken down and he was probably going to a phone somewhere," said Steele.

Waters, on crutches and his leg still in a hip-high cast, was on hand for Bell's salute of Steele.

"Mr. Steele came around to see me and he donated blood," recalled Waters. "He told me about Rick. But I remembered going to school with him--Mechanicsburg Area Senior High. I didn't know him well, but I remembered him."

Steele is an assistant manager in Bell's business services engineering. In helping Waters, he had the benefit of Red Cross first-aid training.

As for all the rest--the heartbreak he carries and the hero's salute he was rendered--Steele didn't elaborate.

"I believe there was a reason I was there," he said. "It makes you wonder."

Harrisburg Evening News, February 24, 1982. Reprinted courtesy of Harrisburg Evening News.

ARTICLE 5

Smoke Alarm Credited with Saving 2 Lives

MEDFORD--A 68-year-old woman was injured early today when a fire ripped through her Winford Way home, causing an estimated $10,000 worth of damage.

Firefighters credited a smoke alarm with saving the lives of Ernest Brown, 71, and his wife, Josephine, 12 Winford Way.

The Browns escaped from the house when they were awakened by the alarm and called to report the fire from a neighbor's home.

Mrs. Brown was treated at the scene by the crew of Rescue One. She was suffering from smoke inhalation and burns on her head, according to reports. She was transported by ambulance to Winchester Hospital where she is listed today in satisfactory condition. . .

According to Deputy Chief Thomas Curtis, probable cause of the fire was an electrical short circuit originating in the den of the one-story wooden structure. . .

Curtis emphasized the value of the smoke alarm in rousing the Browns and getting them out of the house.

His sentiments were echoed by Lt. Charles Parris, of the department's fire prevention bureau.

"That couple would have been incinerated and the house destroyed if they hadn't been awakened by a smoke alarm," Parris said.

Members of the fire prevention bureau have urged residents to install smoke detectors in their homes despite the fact that installation in single-family residences is not required by law. . .

Medford Daily Mercury, January 27, 1982, p. 1. Reprinted courtesy of Medford Daily Mercury.

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SITUATION 1

There has been a big party, and everyone has gotten pretty smashed. You don't have your license yet, because you are not old enough. You rode over with Fred, and he has had too much to drink. You haven't, but you are afraid you'll never make it home, judging from Fred's actions, and neither will he. How can you handle it? What can you say?

Actors: Fred, Fred's friend (male or female), and other kids at the party.

SITUATION 2

There is a very dangerous intersection near the school. In the last two months, three students have been involved in auto-related accidents, and one student was quite seriously injured. You inquired about having a stoplight installed, but found out that motorists using one of the streets strongly opposed a light because it would cause traffic tie-ups during rush hour. But it is during morning rush hour that students are going to school, and that's when two of the three accidents happened. You and two friends feel very strongly that something should be done to make the intersection safer. You wonder whether there are any alternatives to a stoplight. You are also trying to decide how to mount a campaign to have the light installed.

Actors: Fran, Julie, Sal, and any school administration personnel or public officials you think you might involve.

SITUATION 3

You are sitting around in the commons area with some kids at school. You are pretty depressed because one of your friends recently died in a fire. It all seems so senseless, because a smoke detector would probably have saved his life. Detectors are required in the motel and in worksites in your town, but not in private residences. None of you knows what to do. You have already taken flowers to the funeral home, and you plan to attend the funeral. But somehow it doesn't seem like enough. You try to lead a discussion with your friends to get some action underway. You don't want the others to think you are weird, but you just can't stand doing nothing. You say to them, "Somehow we have got to do something in Jono's memory. What can we do to make sure this kind of thing doesn't happen again?"

Actors: Bo, (Jono's best friend), and several others.

SITUATION 4

You have taken a girl you like out to dinner. You have been saving up for it, and it's a pretty special restaurant. An older man at the next table starts choking. There are other adults around, but they don't seem to notice what is going on. You know the Heimlich maneuver, but you don't want to make a fool of yourself. What will your girl think if you jump up and call such attention to yourself? What will you do?

Actors: Young male and female, older diner and his companion, other diners, waiter.

SITUATION 5

Glenda seems really depressed. She has looked awful lately, and she mopes around and really doesn't seem to spend time with anybody anymore. You used to like her last year and talked to her a lot in gym, but you don't see her around much these days. Besides, she is not really very popular with the boys, and it's more fun to have friends who are popular. Still, she looks so miserable, and you heard that last year she was in a mental hospital for a while. You mention it to Sally, but she says, "It's not your problem." Here comes Jerry. He used to be Glenda's friend, too. Maybe you'll talk to him and see what he thinks you should do.

Actors: Miranda, Glenda, and Jerry.

SITUATION 6

You are having a party at your house. About 20 kids are there. Your parents said it was okay as long as you obeyed their rules: no drinking and no smoking. Your parents do not allow any smoking in the house under any circumstances. You have told your friends that, but Fred, who is the most popular kid in the class, just always seems to make his own rules. He keeps going into the storage part of the basement with different people all evening long to smoke. It's an interior room, full of old furniture from your grandmother's house and old newspapers, which your father saves by the ton. And no ashtrays. You are angry that the rule is being broken, and you are also scared that he will drop a butt and start a fire. You talk it over with your best friend, Lisa, as best you can. Terry overhears and begins to talk, too.

Actors: J. L., Fred, Lisa, and Terry.

Activity Four

If Something Bad Happens, What Do You Do?

Objectives

Cognitive: Students will:

- Become familiar with at least two first-aid or injury-prevention techniques.
- Learn some techniques that are used in particular situations.

Affective: Students will:

- Improve their self-confidence by learning a technique or taking a positive action.
- Heighten their sense of responsibility for the well-being of their families.

Skills: Students will:

- Demonstrate a first-aid or injury-prevention skill.

Activity at a Glance

Students will take first-aid information to their families and will select one of 12 first-aid Skill Sheets. They will read their sheets and prepare to demonstrate or describe their skill or activity to the rest of the class. (These presentations or demonstrations may take two class periods to complete.) Some students will volunteer to determine where and when Red Cross first-aid classes are given in their communities and report this back to the rest of the group.

Background Material for Teachers

In the early activities in this module, we concentrated on injuries that are fatal or very serious in nature. We tried to raise students' awareness that these injuries are largely preventable. In this activity, we want students to learn some primary first-aid techniques, so that in an emergency they can act in a confident, decisive manner to alleviate further injury, promote comfort, and feel better about themselves for knowing how to handle an emergency situation effectively.

Many young people are injured at home or at school. These injuries can be serious enough to require immediate, primary action on the part of a bystander, until more expert assistance can be secured. If an injury requires medical attention, the victim is usually taken to the emergency room of the closest hospital. As an example of the relative incidence of injuries to young people 6 to 19 years of age, the following list was computed for all hospital emergency rooms in one state during 1982.

RELATIVE INCIDENCE OF INJURIES
FOR PATIENTS 6-19 YEARS OLD
PRESENTING TO AN EMERGENCY ROOM
IN MASSACHUSETTS, 1982*

Open wounds	26.7%
Contusions	24.5
Superficial	3.9
Sprain/Str[illegible]	24.0
Fractures	12.1
Intracranial	2.6
Poisons	1.3
Burns	1.6
Dislocations	.7
Other injuries	2.7

*Data from SCIPP REPORTS, Vol. 2, Number 2, Winter 1982, supported by Maternal and Child Health Grant No. 02201-02, U.S. Department of Health and Human Services, Statewide Childhood Injury Prevention Program, Division of Family Health Services, 39 Boylston Street, Boston, Mass. 02166, p. 4.

Students may also be interested to learn the injury statistics for some of the popular school sports they participate in:

AUTUMN AND WINTER SPORTS INJURIES
FOR PATIENTS 0 TO 19 YEARS OLD
PRESENTING TO AN EMERGENCY ROOM*

Type of Sports Activity	Number of Emergency Room Visits	Percentage of Total
Football	139	30.6
Basketball	60	13.2
Roller Skating	52	11.4
Soccer	24	5.3
Ice Skating	17	3.7
Ice Hockey	16	3.5
Other Hockey	32	7.0
Volleyball	15	3.3
Wrestling	11	2.4
Skiing	11	2.4
Other Sports	78	17.2
	455	100

Preparation

1. Duplicate the "Standard First-Aid Procedures" so that students can review them in class and then take them home to be posted permanently in a prominent place.

2. Review the Skill Sheets and have them ready for student selection.

3. Familiarize yourself with the teacher background material to help frame in your own mind the situations in which first-aid information might be applied. If you would like to use the diagrams with your class, you can make overhead transparencies of them.

*Ibid, p. 5.

Procedure

1. Notes for Mini-Lecture

To frame the lesson for students, present the following mini-lecture, which establishes for them the necessity for knowing first-aid procedures. You might want to add information from the teacher background material that seems relevant to your class.

FIRST AID

Injuries occur with fairly high frequency in and around the home, as a result of automobile accidents, or as a result of participation in sports. Knowing something about the administration of first aid in these and many other situations is very important, for it sometimes can mean the difference between a lesser injury and more permanent damage, or between rapid recovery and long hospitalization. In addition to the actual skill applied or treatment suggested, first aid includes words of encouragement and comfort for victims, who may be frightened and disoriented by the emergency.

Americans have had a good record in administering first aid on a volunteer basis through the years. Many people have considered it a civic responsibility to know what to do in an emergency situation or after a natural catastrophe, for it helps people in an individual medical sense, but it also provides orderliness and purposefulness rather than panic and confusion. Organizing a situation and deciding priority treatment in situations where numbers of people are hurt is a great contribution to the general well-being of one's community.

2. Class Discussion

Distribute the "Standard First-Aid Procedures" sheets to students. Ask each student to read one numbered or lettered item, in turn, aloud to the class. (There are 29 separate numbered or lettered items on the sheets.) In this way you can quickly review the material and familiarize the students with it in a general way before they take it home for family awareness building, family discussion, and posting for quick emergency reference.

Tell students that the American Red Cross has developed guidelines for emergency care. They will want to review them, take them home to their families, and post them on a bulletin board or wall near a telephone, so that they will be readily

available should an injury happen at home, as a good many do. Urge them to try to get others in their households involved by discussing with them some of the things on the list that they did not know before, or that seemed surprising. Suggest that they talk about it when the family is all together at dinner--or watching a television show in which someone is injured. Chances are the others at home won't know some of the procedures, either.

Optional Activity: Invite a representative from the local chapter of the American Red Cross, or a Red Cross Instructor, to visit your class. He or she can emphasize the importance of knowing first-aid procedures, and give students information as to where they can get first-aid training.

3. Small-Group Work and Class Presentations

Divide students into groups of two. Have each group select one of the Skill Sheets, which cover the following topics:

- Making an emergency phone call
- Taking a temperature
- Making a medication chart
- First aid for ingested poisons
- How to treat bites and cuts
- How to stop a nosebleed
- What to do when someone feels faint--or does faint
- How to treat burns
- Choking
- Giving emotional support
- Preventing and treating minor athletic injuries
- Physical conditioning in injury prevention

Each group should study their Skill Sheet and prepare to give a presentation of some sort to demonstrate the skill to the rest of the class. If they wish, they can put the important information on a poster, and hold that up while they are making their presentations. (The posters could later be mounted around the classroom or in the school cafeteria.) Allow students to take their Skill Sheets with them as they stand before the class, but ask them not to read from them. Their presentations should be in their own words. If they are going to do poster presentations, they may want to prepare them in small groups of two or three.

4. Seeking First-Aid Training

Encourage your students to find out where the Red Cross courses in Standard First Aid and Advanced First Aid are given in your community. Post the time and cost involved. Urge them to take the training. Students will be more likely to participate if

you can build in some incentives or rewards here that are appropriate to your classroom, school, or community.

5. Optional Activity: Dealing with Death and Tragedy

(Note to teachers: You may want to use some of these ideas or suggest them to your school administration as a way to plan as a faculty how you might handle a situation that involves tragedy to one of your students or faculty members--should that unwelcome event occur.)

Sometimes interventions do not happen, or come too late. In these instances there is the aftermath of a tragic situation to deal with. If tragedy and grief are not acknowledged and dealt with in a caring, straightforward way, they can cause permanent emotional injury to those who were affected. Without the opportunity to demonstrate their grief and sorrow, it will be difficult for them to come to some resolution of the event in their own minds.

Particularly poignant is the loss of life that occurs among the young. The untimeliness of death is difficult to accept; and the realization that death is possible, even in the young, is extremely difficult for their peers to deal with. It is important that educators--both teachers and administrators--be prepared to take the lead in helping young people face and work out their grief if a tragedy occurs. Rabbi Earl Grollman, who has written about how to help children face death, offers the following advice: "Permit children to vent the emotions of grief: anger, tears, guilt, despair, and protest are natural reactions. . . . [Children] may cry at nothing and laugh at everything. They may express hostility as well as affection. Grieving in any form is a natural healing process."*

Following is a newspaper account of how one superintendent of schools dealt with a fatal automobile accident involving a student in his school system (The accident is one of the case studies in Activity One). You may want to read the article to the class, which was written by the superintendent, Dr. Cheever. You may also want to share his remarks with your colleagues and administrators, to help you all plan how you would act to prevent emotional injury, should such an unhappy event occur in your community.

This situation is an example of how all of the members of a community--parents, teachers, administrators, and students can reach out to each other in caring actions to help prevent further emotional injury and to promote healing.

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*Earl A. Grollman, Talking About Death: A Dialogue Between Parent and Child (Boston: Beacon Press, 1976), p. XII.

In Death There Is Life . . . And In Life, Love*

By Daniel S. Cheever Jr.
Weston Superintendent of Schools

(Editors note: The following remarks were made by Supt. Cheever early Monday morning at an all-school assembly in the courtyard at Weston High School prior to memorial services for Thomas A. Coe Jr., who died Friday as the result of injuries sustained in an automobile accident. Also injured in the crash were juniors Jon Kanfer, Michael Ferri and David Sacher. In nearby Sudbury, three teenagers have died from car crashes in the past six weeks.)

I want to talk with you about where we've been in these last few days, where we are now, and where we are going. Unfortunately, it is hard to have a conversation with 800 people at the same time. So bear with me, listen carefully, and in a few minutes you will have the chance to talk with each other in homeroom.

Perhaps my experience in these last three days is similar to yours. What I discovered late Friday night--after spending much of that day and night with David, and Mike, and the Kanfers, and the Coes--what I discovered was that love and caring are stronger than blame, anger, or sorrow. I learned that in death there is also life. While God, the giver of life, may take one friend from us, at the same time He also reaffirms our lives and love for Tucky, John, David and Mike . . . and for each other.

Most of Friday and Friday evening I had been trying to comfort others, and to help plan the hundreds of detail that would help us all cope with this tragedy. When I finally had the chance to be alone late Friday and to collect my thoughts, I realized that I had felt all kinds of different emotions. Here is some of what I felt, and perhaps you felt some of these emotions, too:

Shock and disbelief

First was shock and disbelief. When I arrived at the hospital around 10 on Friday I simply could not believe this awful thing had happened. I wanted the day to go back to breakfast-time and turn out differently.

From that came a second, stronger feeling of anger. I was angry that the small cars were not safer, angry that the doctors couldn't fix everything right away, angry that this town has narrow, winding roads.

Later, as I got in my own car to drive, I felt a third emotion: fright. Could such an accident happen to me? And as I arrived home late Friday night, I felt that fright again. Were my own children OK? Would I enter that dark home and find them there?

Like many of you, I also wept. I felt great sadness at the hospital with the boys and their parents, and again as I told my children of what had happened. I wept in my office as I tried to write a note to all the Weston faculty. I shared your grief yesterday at the wake, and will again this morning and for many days to come.

Finally, like you I have had still other feelings. Although I have felt tired, it has been hard to sleep and I wake in the night. Another part of me is impatient, wants to get all this over with so life can return to normal, as if it could.

No right way to feel

You may have had some, or none, of these different feelings. Each of us is an individual, and each will react to Tucky's death in a different, personal way.

That's OK. There is no right way to feel or act at a time like this. You have your thoughts, and someone else has theirs. Respect each other's feelings. Accept the different ways we have of sharing grief. Give comfort to each other.

I want to leave you now with some understanding of how wonderful life can be, even in a time of sorrow. Let me give you some examples of life's wonder which I have seen since Friday and which have touched me deeply:

Kathy Coe sitting with Mike Ferri at the wake, an act of love and understanding and forgiveness which I shall always treasure.

The high school students who wanted to do something, and so organized a car wash and made $500 for the Tucky Coe Scholarship Fund.

Don Garland all weekend long--at the hospital Friday, returning there late Friday night to be with David Sacher and the Kanfers, again on Saturday and Sunday, and in countless ways leading us in these difficult days.

Bev Brown and Peter Taberski--Bev at the Coes house with me on Friday afternoon, Peter at the hospital late Friday night when I stopped by again with my son, and again at the car wash on Saturday and the families' homes on Sunday.

Several of you who have visited the families of these four boys, who have brought those casseroles and pies and love and caring all weekend long.

Several of your teachers who, with Don Garland, Don Gearon, and Bruce MacDonald worked here at school for most of the weekend to plan ways in which we could be together today in common understanding.

The Weston High School Band dedicating its march yesterday to Tucky and the football team doing the same, and winning.

These are only a few examples. I have not mentioned many others of you who have done wonderful things to help.

That is where we all can go from here--by continuing to respect each others' different feelings, by continuing to give comfort and support, by continuing to be the best person we can be, by doing these things we show that in death there is also life, and in life there can be love.

We loved Tucky. We love John and David and Mike. We love their families and their friends, and by so doing we love each other.

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*The Wayland-Weston Town Crier, September 25, 1980, p. 10. Reprinted courtesy of The Wayland-Weston Town Crier.

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STANDARD FIRST AID PROCEDURES*

(POST IN A PROMINENT PLACE IN YOUR HOME)

Urgent Care

In case of serious injury or sudden illness, while help is being summoned, give immediate attention to the following first aid priorities:

1. Effect a prompt rescue. (For example, remove an accident victim from water, from a fire, or from a garage or room containing carbon monoxide, smoke, or noxious fumes.)

2. Ensure that the victim has an open airway and give mouth-to-mouth or mouth-to-nose artificial respiration, if necessary.

3. Control severe bleeding.

4. Give first aid for poisoning, or ingestion of harmful chemicals.

Additional First Aid Directions

Once emergency measures have been taken to ensure the victim's safety, the following procedures should be carried out:

1. Do not move a victim unless it is necessary for safety reasons. Keep the victim in the position best suited to his condition or injuries; do not let him get up or walk about.

2. Protect the victim from unnecessary manipulation and disturbance.

3. Avoid or overcome chilling by using blankets or covers, if available. If the victim is exposed to cold or dampness, place blankets or additional clothing over and under him.

4. Determine the injuries or cause for sudden illness. After immediate problems are under control

   a. Find out exactly what happened. Information may be obtained from the victim or from persons who were present and saw the accident, or saw the individual collapse in the case of sudden illness.

   b. Look for an emergency medical identification, such as a card or bracelet, which may provide a clue to the victim's condition.

   c. If the victim is unconscious and has no sign of external injury, and if the above methods fail to provide identity, try to obtain proper identification either from papers carried in a billfold or purse, or from bystanders, so that relatives may be notified. (It is advisable to have a witness when searching for identification.)

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*Excerpt from Standard First Aid and Personal Safety, Second Edition. Copyright © 1973, 1979, by the American National Red Cross. Reprinted with permission.

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5. Examine the victim methodically, but be guided by the kind of accident or sudden illness and the needs of the situation. Have a reason for what you do.

   a. Loosen constricting clothing, but do not pull on the victim's belt in case spinal injuries are present.

   b. Open or remove clothing if necessary to expose a body part in order to make a more accurate check for injuries. Clothing may be cut away or ripped at the seams, but utmost caution must be used or added injury may result. Do not expose the victim unduly without protective cover, and use discretion if clothing must be removed.

   c. Note the victim's general appearance, including skin discoloration, and check all symptoms that may give a clue to the injury or sudden illness.

      In the case of a victim with dark skin, change in skin color may be difficult to note. It may then be necessary to depend upon change in the color of the mucous membrane, or inner surface of the lips, mouth, and eyelids.

   d. Check the victim's pulse. If you cannot feel it at the wrist, check for a pulse of the carotid artery at the side of his neck.

   e. Check to see if the victim is awake, stuporous, or unconscious. Does he respond to questions?

   f. If the victim is unconscious, look for evidence of head injury. In a conscious person, look for paralysis of one side of the face or body. See if the victim shows evidence of a recent convulsion. (He may have bitten his tongue, producing a laceration.)

   g. Check the expression of the victim's eyes and the size of his pupils.

   h. Examine the victim's trunk and limbs for open and closed wounds or for signs of fractures.

   i. Check the front of the victim's neck to determine whether he is a laryngectomee. (Most laryngectomees carry a card or other identification stating that they cannot breathe through the nose or mouth.) Do not block the stoma (air inlet) of a laryngectomee when carrying out other first aid, since blockage could cause death from asphyxiation.

   j. If poisoning is suspected, check for stains or burns about the victim's mouth and a source of poisoning nearby, such as pills, medicine bottles, household chemicals, or pesticides.

6. Carry out the indicated first aid:

   a. Apply emergency dressings, bandages, and splints, as indicated.

   b. Do not move the victim unless absolutely necessary.

   c. Plan action according to the nature of the injury or sudden illness, the needs of the situation, and the availability of human and material resources.

   d. Utilize proper first aid measures and specific techniques that, under the circumstances, appear to be reasonably necessary.

   e. Remain in charge until the victim can be turned over to qualified persons (for example, a physician, an ambulance crew, a rescue squad, or a police officer), or until the victim can take care of himself or can be placed in the care of relatives.

   f. Do not attempt to make a diagnosis of any sort or to discuss a victim's condition with bystanders or reporters.

   g. Above all, as a first aid worker, you should know the limits of your capabilities and must make every effort to avoid further injury to the victim in your attempt to provide the best possible emergency first aid care.

SKILL SHEET 1:
MAKING AN EMERGENCY PHONE CALL

People in any place that regularly receives emergency calls--a police or fire station, a doctor's office or hospital--are trained to receive the calls. They know how to get the information they need from a frightened or confused person.

WHAT TO DO

Notice Where You Are: If you are away from home (baby-sitting, for example, or out bicycling with a friend), check the address before you call. If you don't know it, look for a street sign, a house number, a landmark.

Make the Call: If you do not know the emergency number, dial "O" for operator. If you don't know whether to call the police, the fire department, or your doctor, call the first number you can find, or just dial "O." The important thing is to call quickly.

What to Say: When someone answers, say, "This is an emergency." Follow that with a one-sentence statement of what happened. For example: "My brother has eaten a whole bottle of baby aspirin," or "I've just seen a bad car accident," or "There's a lot of smoke coming from the building across the street." If you are switched to another person, repeat the phrase, "This is an emergency" and your statement of what happened.

The person on the other end will take over the conversation. He or she will ask you where you are, and whether an ambulance, police car, or fire engine needs to be sent. You may also be given instructions about what to do next. Ask questions over and over until you are sure you know what to do.

After Calling: The hardest part for many people comes when they hang up the phone. They have asked for help and someone to share responsibility, but they are alone again when they hang up the phone. Remember that you can always call back if you have to.

Carry out any instructions you are given, or wait for help. You will be surprised at how calmly you can act when you have to.

CLASSROOM DEMONSTRATION

- Procure a phone book and a play (or imaginary) phone. Ask a classmate or teacher to take the part of the person who answers the phone.

- Explain that you are home alone when suddenly you hear a loud crash. You look out the window and see a car crumpled against a tree. The driver and the passenger are not moving.

- Find the appropriate emergency number, and give information about the situation in a clear, calm manner:

  1. State, "This is an emergency."

  2. Describe what happened.

  3. Give additional information (the phone number, address, number and apparent condition of people involved).

  4. Determine whether there is anything else you should do.

SKILL SHEET 2:
TAKING A TEMPERATURE

ALL ABOUT THERMOMETERS

Kinds of Body Thermometers

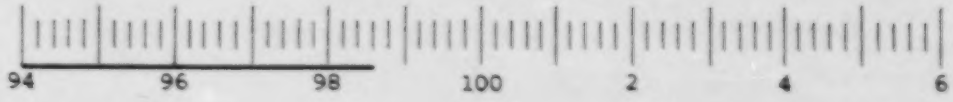
Doctors' offices and hospitals may use electric thermometers or single-use disposable thermometers, but most families have glass ones. Glass thermometers come in two kinds: oral and rectal. Oral thermometers measure body temperature in the mouth. They are usually triangular in shape and have a long, silver-colored bulb at one end. Rectal thermometers measure body temperature in the rectum. They have a shorter, blunter end.

How a Thermometer Works

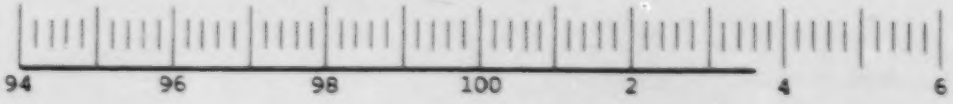
The silvery substance in the thermometer is liquid mercury, which expands in response to heat. Unlike room or outdoor thermometers that rise and fall, body thermometers rise and remain at the high point, thus recording the person's body temperature.

How to Read a Thermometer

To read a thermometer, put it down on its side and rotate it until a wide silvery line of mercury appears horizontally. Calibrated lines labeled with numbers appear vertically. Each short black line stands for two-tenths (or one-fifth) of a degree; the longer black lines mark the whole numbers. The numbers usually run from 94 to 106 (decimal numbers may also be given). There is an arrow mark for normal human temperature: 98.6 degrees. Any temperature above the arrow indicates a fever. A temperature below the arrow may also be an indication that something is wrong, particularly in an older person. Here are some examples:



This reads 98.6, a normal temperature.



This reads 103.6, a high fever.

WHAT TO DO

Preparing to Use the Thermometer

Read the thermometer. If it reads near or above normal it should be shaken down below 96 degrees before use. To do this, hold the thermometer on the end opposite the mercury bulb and shake it vigorously. Hold it tightly and don't let it hit anything. Keep shaking until the thermometer reads 98.6 degrees or below.

Wash the thermometer with soap and water or wipe it with alcohol and rinse it to kill any germs. (DO NOT USE HOT WATER, or the thermometer will have to be shaken down again.)

How to Use the Oral Thermometer

Make sure the person whose body temperature is to be taken has not just eaten or drunk anything very hot or very cold, which could change the reading. Put the bulb end of the thermometer under the person's tongue as far back as it will go, and have the patient close his or her lips around the thermometer. After three minutes, read the thermometer.

What the Thermometer Reading Means

A slight variation either above or below 98.6 degrees is usually not serious. Different people have slightly different "normal" body temperatures. And different temperature readings mean different things. A high fever is much more unusual in an adult than in a child, for instance. And a subnormal temperature can be very serious in an old person. A change in body temperature may be important, too. Is the fever up or down from four hours ago? That kind of information helps a doctor or nurse know what to suggest.

CLASSROOM DEMONSTRATION

- Ask a classmate to volunteer to have his or her temperature read.
- You will need a thermometer*, and alcohol* or soap and water for cleaning the thermometer.
- Clean and prepare the thermometer, take the temperature, then read the thermometer to the class.

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*Available from the school nurse

SKILL SHEET 3:
MAKING A MEDICATION CHART

When a person is sick enough to need medication, a doctor will give instructions about how much to take, when to take it, and how long to continue. Anyone who knows how to make and use a medication chart will be sure the patient has received the right dosage at the right time.

WHAT TO DO

Making a Chart for Medication

Write down the doctor's instructions when they are given. It's okay to call the doctor's office if you don't remember or understand the instructions once you get home.

Read the label on the medicine for any special instructions. Some medications must be taken on an empty stomach; others can't be taken with citrus or dairy products; still others should not be taken before eating. Most pills should be taken with a full glass of water. Also, some medicine needs to be refrigerated (keep it where children can't reach it). Mark the chart each time the medication is taken. Here is a sample medication chart, including a column for temperature. Add columns for any other needed information.

DATE	TIME	MEDICATION AND NUMBER OF TIMES PER DAY	MEDICATION AND NUMBER OF TIMES PER DAY	TEMPERATURE (degree)

Giving Medication

Every time you give your patient medication, check these three things:

- The label, to make sure it's the right medicine.
- The label, to make sure you're giving the right dose.
- The time, to make sure it's the right time.

CLASSROOM DEMONSTRATION

- Explain that someone is sick, and the doctor has prescribed an antibiotic, one pill four times a day, plus lots of fluids and a tablespoonful of cough medicine at bedtime. The antibiotic should be taken with food.
- You will need a chalkboard and chalk, or a large sheet of paper and a marker for drawing a chart.
- Make a chart for ten days to record penicillin, fluids, and cough medicine intake, and temperature. Fill in the blanks for three days, to show how it's done.
- Tell the class the three important things to check when giving or taking medication.

SKILL SHEET 4:
FIRST AID FOR INGESTED POISONS

Many poisons can be found in most homes, garages, and backyards. Substances that are poisonous if swallowed include corrosive poisons, like lye, bleaches, strong detergents, rust removers; petroleum products, like kerosene and gasoline; overdoses of medication, like aspirin and tranquilizers; and certain berries and plants, like mountain laurel, rhododendron, and some mushrooms.

WARNING SIGNS

Symptoms vary according to the kind of poison. Poisoning is suggested when the victim experiences vomiting, nausea, painful cramps in the abdomen, chemical burns on the lips and mouth, convulsions, or drowsiness.

WHAT TO DO

If victim is conscious:

1. Get help! Depending on your knowledge of the resources in your area, do one of the following immediately:

   Call the closest poison control center.
   Call a doctor.
   Call the local police or fire department rescue service.
   Take the victim to the emergency area of the nearest hospital.

2. Dilute poison by having victim drink a glass of water or milk. Stop if it makes victim nauseous (vomiting can be dangerous when a corrosive poison or a petroleum product has been swallowed).

3. Save label or container of poison for identification; save a sample if the person has vomited. Make both available to medical or rescue aides.

If victim is unconscious:

1. Do not administer fluids.

2. Keep victim's air passages open by tilting the victim's head backward as far as possible.

3. Call an emergency squad immediately.

4. If victim has vomited, save a sample for identification.

CLASSROOM DEMONSTRATION

- Identify at least four common substances that are poisonous if swallowed.
- List procedures for a conscious victim and for an an unconscious victim.

SKILL SHEET 5:
HOW TO TREAT BITES AND CUTS

WHAT TO DO

Bites and Puncture Wounds

Human and animal bites often cause only a bruise mark on the skin. If the bite breaks the skin and draws blood, the victim should wash it with soap and water and call a doctor. A bite can be dangerous, not just because of germs in the biter's mouth, but also because the wound can be deep and hard to clean. In the case of an animal bite, the doctor will want to find out whether the animal had rabies, a serious but curable disease.

Puncture wounds are similar to bites. A typical one is made by stepping on a nail. The wound is deep and hard to clean. Pull out the nail (or whatever it is) first. Clean the wound by soaking it in warm, soapy water. Check with a doctor to see whether a tetanus shot is needed.

Cuts and Scratches

If a cut looks deep, is bleeding hard, or is on someone's face--especially near an eye, it is serious. Call a doctor. A cut that pulls open needs to be stitched, which can be done quickly and painlessly by medical professionals.

Less serious scratches and cuts should be carefully washed with soap and water. After making sure the cut is clean (no remaining sliver of glass or a piece of dirt), dress it with antiseptic and a sterile bandage.

If a Cut Continues to Bleed

Most bleeding stops by itself. If a wound bleeds profusely, or continues to bleed, press down on it with a clean towel, or a sterile gauze pad. Then let up the pressure a little. If the bleeding continues, press down again. If it does not stop after several minutes of pressure, call a doctor or go to a hospital emergency area.

CLASSROOM DEMONSTRATION

- List the times when a doctor should be consulted:

  - for a bite that breaks the skin.
  - for a puncture wound.
  - for a deep cut that will not stay closed.
  - when bleeding doesn't stop.

- Describe the procedure for a minor cut or scrape:

  - wash area with soap.
  - check to make sure wound is clean.
  - apply pressure if bleeding continues.
  - apply antiseptic and cover with bandage to keep clean.

SKILL SHEET 6:
HOW TO STOP A NOSEBLEED

Nosebleeds can happen when people get hit in the nose, but sometimes they seem to happen for no reason. Blood vessels in the nose are very close to the surface, and they are easily injured.

WHAT TO DO

To handle a nosebleed, have the person sit down and lean forward so the blood runs out the nose, not down the throat. Put pressure on the nostril that is bleeding with a finger or a thumb to stop the bleeding. Hold it a minute or two, then test by releasing the pressure. If the nostril starts to bleed again, press on it again.

Caution the patient not to blow his or her nose after the bleeding has stopped. Blowing the nose may start it bleeding all over again.

How to Tell When You Need Help

Any bleeding can be frightening, and nosebleeds can look scary. Nosebleeds usually do not require a doctor. But you may need some help when one of the following conditions is evident:

- When the nose has been injured and it looks out of line or crooked, or if it swells up or changes color, put ice on it and call a doctor.
- If the nose is bleeding profusely, put pressure on it and then call a doctor.
- If bleeding continues after putting pressure on the nose, call a doctor.

CLASSROOM DEMONSTRATION

- Have a classmate pretend to have a nosebleed.
- Try to calm the patient and get him or her to sit in a chair and lean forward.
- Put pressure on the bleeding nostril with a finger or thumb.
- Tell the patient to breathe through the mouth.
- When the bleeding has stopped, tell the patient <u>not</u> to blow his or her nose.
- Decide whether you need to call a doctor.

SKILL SHEET 7:
WHAT TO DO WHEN SOMEONE FEELS FAINT--OR DOES FAINT

A person who feels faint or actually does faint is probably not getting sufficient blood flow to the brain. This can be a reaction to fear, hunger, pain, a physical or emotional shock, crowds, or heat. Fainting is often preceded by sudden paleness, sweating, clammy skin, dizziness, or nausea.

WHAT TO DO

Have a person who feels faint either lie down with legs elevated or sit with head between knees for five minutes. This will increase the flow of blood to the brain. Loosen clothing and open a window.

Leave a person who has already fainted lying down on his or her back. Elevate the legs, loosen clothing, and open a window. Consciousness usually returns in a few minutes. Fainting should be reported to a doctor.

CLASSROOM DEMONSTRATION

- Ask two classmates to help in the demonstration. One feels faint, the other has already fainted.
- Get the first friend to sit in the chair, head between knees.
- Loosen clothing (belt, necktie, neck of shirt or blouse).
- Open window.
- Roll the second friend onto his or her back.
- Elevate legs and loosen clothing.

SKILL SHEET 8:
HOW TO TREAT BURNS

When a person has been burned, look at the burn carefully. Is the skin either very white or charred? Is it a big or a deep burn? If the answer is "yes" to either of these questions, it is a third degree burn. A second degree burn has blisters; scalding with hot water can cause a second degree burn. A first degree burn causes the skin to turn red; a sunburn that does not blister is a first degree burn.

WHAT TO DO

Third Degree Burns

Have the patient sit down or lie down and stay quiet. If an arm or leg has been burned, prop it up until it is above the patient's heart.

CALL THE DOCTOR OR AN AMBULANCE RIGHT AWAY. Third degree burns can be very dangerous, because the body's protective barrier, the skin, has been broken. Infection can take hold and spread rapidly.

First and Second Degree Burns

Apply cool water immediately. Put the burned area under cool running water. If the burn is on a part of the body that is hard to get into a sink, use an ice pack or a series of towels soaked in cold water. But cool running water is best.

Leave the burn under cool water until the pain is no longer sharp. Ten or fifteen minutes will usually do it. But burns are very painful, even minor ones, so expect your patient to complain. When the pain has subsided, dry off the burn.

If your patient is a little child and is likely to get the burn dirty, cover it with a sterile gauze pad. This is a particularly good idea if there are blisters. Kids can break blisters easily and get them infected. Unbroken blisters heal faster.

SOME VERY IMPORTANT DON'TS

Don't scrub a burn or break the blisters.

Don't use any grease, ointments, or sprays on the burn.

AND VERY IMPORTANT DO'S

If clothes catch fire, drop to the floor and roll to put out the flames.

Second degree burns bigger than your hand, or ones on face or hands, should be treated by a doctor.

Fire needs oxygen in order to continue burning. One quick way to extinguish a blaze is to smother it. For example, slide a pot lid over a cooking fire, or drop a rug or heavy towel over a small blaze.

CLASSROOM DEMONSTRATION

- Describe to the class what first, second, and third degree burns look like, and tell what you should do in each case.
- Mention two things you should <u>not</u> do in treating a burn.
- Demonstrate the "drop and roll" technique for the class. First do it yourself, then ask for a volunteer to help you demonstrate how to assist others whose clothing has caught on fire. You might use a rug or towel to show the smothering technique, as well.

SKILL SHEET 9: CHOKING

A choking victim cannot cough, speak, or breathe, because an object is lodged in the victim's throat.

WHAT TO DO

The Heimlich Maneuver*

- Get behind the victim and wrap both arms around his or her waist. Keep your elbows winged out to avoid squeezing the victim.
- Make a fist. Place the thumb side against the victim's abdomen, below the rib cage and just above the belly button.
- Cover the fist with your other hand and apply a hard, quick thrust inward and upward. Repeat the thrust if the object does not pop out of victim's throat. The victim should see a doctor as soon as possible.

If Victim Collapses

- Place the victim on the floor on his or her back, face up, head straight. Open mouth of victim who is unconscious.
- Facing the victim, straddle victim's hips.
- Place the heel of one hand against the victim's abdomen below the rib cage and just above the belly button.
- Place your other hand directly on top of the hand on the abdomen.
- Press into the victim's abdomen with a quick upward thrust. Then check the mouth for an expelled object and remove it if it is present.
- If the object is not expelled, repeat maneuver immediately.
- Victim should see a doctor as soon as possible.

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*Some medical consultants recommend administering four sharp back slaps between the victim's shoulder blades before applying abdominal thrusts. Dr. Heimlich, however, feels that back blows are unnecessary and can lodge an object more firmly in the victim's throat. It is necessary to take prompt action, for a person can choke to death very quickly when the airway is clogged.

CLASSROOM DEMONSTRATION

- Describe a choking victim.
- With a classmate, demonstrate the steps in the Heimlich maneuver.
- Demonstrate the procedure if the victim collapses.

SKILL SHEET 10:
GIVING EMOTIONAL SUPPORT

WHAT TO DO

Recognizing the Need

Do you know someone who is worried about an issue in his or her life, like problems at work, with health, money, or a relationship? Someone who is under stress? When something goes wrong anyone can become vulnerable and need some supportive caregiving. Even when there seems to be nothing good that can come out of a situation, such times do offer opportunities to share feelings and bring people closer together.

Planning and Acting

First, you can offer to talk about the situation, and let the person know that you recognize he or she is under stress. You do not have to solve the problem or offer a solution, just let the person know you will listen with sympathy because you care.

You will want to be supportive, not critical or judgmental. Also, it is important not to violate the trust that such sharing is built on by talking to others about private matters that may have been discussed.

The hardest part is to make your concern known and to open communications. Once you have shown your willingness to listen, follow-up is easier. Comments like "How are things going for you today?" "Do you feel like talking about things?" are reminders of your continuing care and concern.

CLASSROOM DEMONSTRATION

- Choose a classmate to work with you. You can role play a situation in which one person is troubled, and the other is giving him or her some emotional support. You can use this scenario, or make one up that you think your classmates can learn from:

  Your friend Ray tells you that his father has just been transferred to a job on the opposite coast, and he says that the family will be moving right after school is out. So he will not be able to be with the kids for class day and graduation or in the senior yearbook with the kids who have been friends for years. Your friend says that he has never been so depressed. He says he hates his father for doing this to the family.

- As your friend tells this or another story, demonstrate the kind of emotional support that you could give in this situation. Remember, you do not need to offer a solution, but let the person know that you hear him or her with sympathy and care.

SKILL SHEET 11:
PREVENTING AND TREATING MINOR ATHLETIC INJURIES*

To take responsibility for your own health care, you must take precautions against injury. If you are injured, you must take steps to ensure that the problem does not become worse.

WHAT TO DO

- Stay in shape. People who are out of shape are more easily injured than the physically fit.
- Warm up before you exercise. Warm muscles are less prone to injury. Use stretching exercises. Start off slowly, and gradually increase your speed or intensity.
- Don't let your muscles get cold. Chilled muscles are susceptible to spasm and injury. After exercising, put on something dry and stay out of drafts. Keep moving.
- Use good equipment that is suited to you. Wear only clothes and equipment that fit well and are appropriate to the sport. Wear protective equipment if it exists.
- When you get a soft-tissue injury, use ice, compression, and elevation, if possible. Soft-tissue injuries (injuries to muscles and joints) are often accompanied by swelling. Rapid recovery depends on keeping the swelling to a minimum.
- Rest and immobilization are often necessary when you become injured. Using alternative training methods, you can maintain your fitness without making the injury worse.
- Rehabilitate an injury slowly but steadily. The secret of rehabilitation is to increase the strength and flexibility of the injured part slowly and steadily.

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*Adapted from WHAT TO DO ABOUT ATHLETIC INJURIES by Thomas D. Fahey. Copyright © 1979. By permission of New Century Publishers, Inc., Piscataway, New Jersey.

CLASSROOM DEMONSTRATION

- Present material from Preventing and Treating Minor Athletic Injuries to your classmates.
- While you are explaining the regimen (in your own words), write each point on the chalkboard. Alternately, make a poster with the major ideas on it ahead of class, and point to each one as you explain it.

SKILL SHEET 12:
PHYSICAL CONDITIONING IN INJURY PREVENTION*

WHAT TO DO

Physical condition is perhaps the most important factor in the prevention of injuries. Your physical fitness is extremely important. Strong, flexible muscles are less likely to be injured. Try to develop a well-rounded physical fitness that prepares you for a variety of situations. If you are going to play a sport that requires rapid changes in direction, such as tennis, racquetball, or basketball, then it's not enough to prepare your body through jogging alone. Your body reacts to the stresses placed upon it. If your sport requires agility, then train for agility.

Muscle strength is perhaps the most important fitness factor protecting you against injury. However, strength is specific to particular muscles and movements. If you want to strengthen your knee joint, for example, because your sport demands great knee stability, knee extensions would be better than knee bends. Both movements exercise the leg muscles, but knee extensions develop the muscles on the inside of the thigh (vastus medialis), which are extremely important to knee stability. The best strength program, then, is one that develops your muscles in a variety of ways, and one that is aimed at preventing specific injuries.

When you're aiming for well-rounded fitness, don't overtrain. Overtraining can predispose you to serious injury. Too many people try to push themselves a little too hard when they are at the limits of their capacity. Overtraining will produce several warning signs:

1. A feeling of sluggishness
2. Poor exercise performance
3. Muscle soreness, particularly in the legs
4. Evidence of lower resistance to such problems as colds, headaches, cold sores, or general malaise.

CLASSROOM DEMONSTRATION

- Share this information on the necessity for physical conditioning in the prevention of injuries.
- After you have given your explanation, either write the warning signs on the chalkboard as you talk about them, or put them on a poster and point to each numbered item as you refer to it in your classroom presentation.

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Other Programs and Resource Materials

A wide variety of informational materials, curriculum guides, acitivity descriptions, model programs, and resource listings are available from many different organizations at the National, State, and local level.

SOME NATIONAL HEALTH ORGANIZATIONS

The following list is a sampling of national organizations offering health information. It is not intended to be exhaustive, and will hopefully be updated periodically to identify organizations that have been missed or that have produced new resources useful in health education curricula. THOSE SEEKING PUBLICATIONS OR INFORMATION ASSISTANCE FROM THESE ORGANIZATIONS SHOULD ALWAYS DETERMINE IF THERE IS A LOCAL OR STATE AFFILIATE OF THE NATION ORGANIZATION AND CONTACT THE CLOSEST OFFICE FIRST. Addresses and phone numbers can be checked through telephone directories, libraries, and local health agencies. ALSO HEALTH INFORMATION AND HELP IN IDENTIFYING OTHER VALUABLE RESOURCES CAN FREQUENTLY BE OBTAINED FROM OFFICIAL STATE AND LOCAL HEALTH AND EDUCATION AGENCIES, COLLEGE AND UNIVERSITY HEALTH EDUCATION PERSONNEL, AND/OR LIBRARY REFERENCE GUIDES. Many of the publications and services are free to the public; others involve a nominal charge.

Action on Smoking and Health
2013 H St., N. W.
Washington, D.C. 20006

Al-Anon Family Group Headquarters, Inc.
P. O. Box 182
Madison Square Station
New York, NY 10059-0182

Alcoholics Anonymous
P. O. Box 459
Grand Central Station
New York, NY 10163

American Academy of Dermatology
820 Davis
Evanston, IL 60201

American Alliance for Health, Physical Education, Recreation and Dance
Association for the Advancement of Health Education
1900 Association Drive
Reston, VA 22091

American Cancer Society
777 Third Avenue
New York, NY 10017

American Council on Marijuana and Other Psychoactive Drugs
6193 Executive Boulevard
Rockville, MD 20852

American Dental Association
Bureau of Health Education and Audiovisual Services
211 E. Chicago Avenue
Chicago, IL 60611

American Diabetes Association
Two Park Avenue
New York, NY 10016

American Dietetic Association
430 N. Michigan Avenue
Chicago, IL 60611

American Hearing Society (formerly National Association for Hearing and Speech Action)
10801 Rockville Pike
Rockville, MD 20852

American Heart Association
7320 Greenville Avenue
Dallas, TX 75231

American Hospital Association
Department of Order Processing
840 N. Lake Shore Drive
Chicago, IL 60611

American Lung Association
1740 Broadway
New York, NY 10019

American Medical Association
Department of Health Education
535 N. Dearborn Street
Chicago, IL 60610

American Medical Association Auxiliary
535 N. Dearborn Street
Chicago, IL 60610

American Optometric Association
Attn: Communications Division
243 N. Lindberg Boulevard
St. Louis, MO 63141

American Osteopathic Association
Public Relations Department
212 E. Ohio Street
Chicago, IL 60611

American Pharmaceutical
Association
2215 Constitution Avenue, N.W.
Washington, DC 20037

American Podiatry Association
Council On Education
20 Chevy Chase Circle, N.W.
Washington, DC 20015

American Red Cross
17th and E Streets, N.W.
Washington, DC 20006

American School Health
Association
P.O. Box 708
Kent, Ohio 44240

American Social Health Association
260 Sheridan Avenue
Palo Alto, CA 94306

Arthritis Foundation
1314 Spring Street
Atlanta, GA 30309

Association for Retarded Citizens
(formerly National Association
for Retarded Children)
P.O. Box 6109
Arlington, TX 76011

Asthma and Allergy Foundation of
America
1302 18th Street, N.W., Suite 303
Washington, DC 20036

Blue Cross/Blue Shield Association
676 N. Saint Clair Street
Chicago, IL 60611

Cystic Fibrosis Foundation
Suite 558
3384 Peachtree Road, N.E.
Atlanta, GA 30326

Epilepsy Foundation of America
4351 Garden City Drive
Suite 406
Landover, MD 20785

Family Service Association of
America
44 E. 23rd Street
New York, NY 10010

Group Against Smoker's Pollution
P.O. Box 632
College Park, MD 20740

Kimberly-Clarke
Life Cycle Center
2100 Winchester Road
Neenah, WI 54956

Leukemia Society of America
800 Second Avenue
New York, NY 10017

March of Dimes, Birth Defects
Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605

Mental Health Materials Center
30 E. 29th Street
New York, NY 10016

Metropolitan Life Insurance Co.
Health and Safety Education Div.
One Madison Avenue
New York, NY 10010

Muscular Dystrophy Association
810 Seventh Avenue
New York, NY 10019

National Center for Health
Education
30 E. 29th Street
New York, NY 10016

National Council on
Alcoholism, Inc.
733 Third Avenue, Suite 1405
New York, NY 10017

National Cystic Fibrosis
Research Foundation
60 E. 42nd Street, Suite 1543
New York, NY 10017

National Dairy Council
6300 N. Rier Road
Rosemont, IL 60018

National Easter Seal Society
2023 W. Ogden Avenue
Chicago, IL 60612

National Fire Protection
Association
Battery March Park
Quincy, MA 02269

National Genetic Foundation
555 W. 57th Street
New York, NY 10019

National Hemophilia Foundation
19 W. 34th S., Suite 1204
New York, NY 10001

National Kidney Foundation
Two Park Avenue
New York, NY 10016

National Mental Health Association
1800 N. Kent Street
2nd Floor
Arlington, VA 22209

National Multiple Sclerosis
Society
20 E. 42nd Street
New York, NY 10017

National Safety Council
444 N. Michigan Avenue
Chicago, IL 60611

National Society for the Prevention
of Blindness, Inc.
79 Madison Avenue
New York, NY 10016

National Tay-Sachs and Allied
Diseases Association, Inc.
92 Washington Avenue
Cedarhurst, NY 11516

Planned Parenthood Federation
of America, Inc.
810 Seventh Avenue
New York, NY 10019

Public Affairs Committee, Inc.
381 Park Avenue South
New York, NY 10016

Tampax, Incorporated
Department HI
P.O. Box 7001
Lake Success, NY 11402

United Cerebral Palsy Association
330 E. 34th Street
New York, NY 10001

United Parkinson's Foundation
220 S. State St., Room 1808
Chicago, IL 60604

FEDERAL GOVERNMENT RESOURCES

Arthritis Information Clearinghouse
1700 N. Moore Street
Arlington, VA 22209

Cancer Information Clearinghouse
National Cancer Institute
Office of Cancer Communications
Building 31, Room 10A18
9000 Rockville Pike
Bethesda, MD 20205

Center for Health Promotion
and Education
Division of Health Education
Centers for Disease Control
Atlanta, GA 30333

Clearinghouse on the Handicapped
330 C Street, S.W.
Washington, DC 20201

Consumer Information Center
Pueblo, CO 81009

Environmental Protection Agency
Public Inquiries Center, PM 211-B
401 "M" Street, S.W.
Washington, DC 20460

Food and Drug Administration
Office of Consumer Inquiries (HFE-88)
5600 Fishers Lane
Rockville, MD 20857

Food and Nutrition Information
Center (FNIC)
3101 Park Center Drive
Alexandria, VA 22302

High Blood Pressure Information
Center
120/80 National Institutes of
Health, Box DR
Bethesda, MD 20205

National Center for Education in
Maternal and Child Health
3520 Prospect Street, N.W.
Washington, DC 20007

National Clearinghouse for
Alcohol Information
P.O. Box 2345
Rockville, MD 20857

National Clearinghouse for
Drug Abuse Information
5600 Fishers Lane, Room 10A43
Rockville, MD 20857

National Clearinghouse for Family
Planning Information
P.O. Box 2225
Rockville, MD 20857

National Clearinghouse for
Mental Health Information
Public Inquiries Section
5600 Fishers Lane, Room 15C17
Rockville, MD 20857

National Diabetes Information
Clearinghouse
Box NDIC
Bethesda, MD 20205

National Digestive Diseases Education
and Information Clearinghouse
1555 Wilson Blvd., Suite 600
Rosslyn, VA 22209

National Health Information
Clearinghouse (NHIC)
P.O. Box 1133
Washington, DC 20013-1133

National Highway Traffic Safety
Administration (NHTSA)
U.S. Department of Transportation
400 7th Street, S.W.
Washington, D.C. 20590

National Injury Information
Clearinghouse
5401 Westbard Avenue, Room 615
Washington, DC 20207

National Institute for Drug Abuses
5600 Fishers Lane
Rockville, MD 20857

National Institutes of Health
Bethesda, MD 20205

National Heart, Lung, and Blood Institute
Public Information and Reports Branch
Building 31, Room 4A21
National Institutes of Health
Bethesda, MD 20205

Office of Consumer Affairs
Washington, DC 20201

Office on Smoking and Health
Technical Information Center
Park Building, Room 116
5600 Fishers Lane
Rockville, MD 20857

President's Council on Physical Fitness and Sports
450 Fifth Street, N.W.
Suite 7103
Washington, DC 20001

Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402

U.S. Consumer Product Safety Commission
Washington, DC 20207

U. S. Department of Agriculture
Washington, D.C 20250

U. S. Department of Health and Human Services
Washington, DC 20201

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